

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE



Please type or print in ink.

2011 MAR -1 AM 11:41

BY:

(d)(5)

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Skinner

Nancy

A.

1. Office, Agency, or Court

Agency Name

CA State Assembly

Division, Board, Department, District, if applicable

Your Position

Member

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is \_\_\_\_\_, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_\_

☐ Candidate: Election Year \_\_\_\_\_

Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed February 28, 2011  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

Name

SKINNER, NANCY

## ▶ NAME OF SOURCE

CA Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J St, Suite 400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Represents Tribal business concerns.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 12 / 10	\$ 92.68	reception*
___/___/___	\$ _____	*REIMBURSED 2/11
___/___/___	\$ _____	

## ▶ NAME OF SOURCE

Pacific Life

ADDRESS (Business Address Acceptable)

700 Newport Center Dr, Newport Beach CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 12 / 10	\$ 170.00	tickets-sporting event*
___/___/___	\$ _____	*REIMBURSED 2/11
___/___/___	\$ _____	

## ▶ NAME OF SOURCE

Bayer HealthCare

ADDRESS (Business Address Acceptable)

1201 K St, Suite 1030, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Healthcare/Pharmaceutical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 23 / 10	\$ 200.00	dinner*
___/___/___	\$ _____	*REIMBURSED 2/11
___/___/___	\$ _____	

## ▶ NAME OF SOURCE

CA Building Industry Association (CBIA)

ADDRESS (Business Address Acceptable)

1215 K St, Suite 1200, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Statewide trade association.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 5 / 10	\$ 79.55	dinner*
___/___/___	\$ _____	*REIMBURSED 2/11
___/___/___	\$ _____	

## ▶ NAME OF SOURCE

CA Center for Civic Participation/Capitol Focus

ADDRESS (Business Address Acceptable)

1220 H St, Suite 102, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Encourage civic participation by youth.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 1 / 10	\$ 50.00	dinner
___/___/___	\$ _____	
___/___/___	\$ _____	

## ▶ NAME OF SOURCE

TechNet CA

ADDRESS (Business Address Acceptable)

855 El Camino Real, Suite 250, Palo Alto CA 94301

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Promote growth of technology &amp; innovative economy.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 30 / 10	\$ 54.21	reception
___/___/___	\$ _____	
___/___/___	\$ _____	

Comments: Items marked with "\*" are reportable, but reimbursed in February 2011.

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name SKINNER, NANCY
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► NAME OF SOURCE  
The California Endowment  
 ADDRESS (Business Address Acceptable)  
1000 N Alameda St, Los Angeles, CA 90012  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Statewide health foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 24 / 10</u>	<u>\$ 61.32</u>	<u>dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
California Democratic Party  
 ADDRESS (Business Address Acceptable)  
1401 21st St, Suite 200, Sacramento CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 10</u>	<u>\$ 84.80</u>	<u>reception*</u>
<u>  /  /  </u>	<u>\$</u>	<u>*REIMBURSED 2/11</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
John A. Perez for Assembly  
 ADDRESS (Business Address Acceptable)  
777 S Figueroa St, #4050, Los Angeles CA 90017  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 6 / 10</u>	<u>\$ 110.00</u>	<u>leather portfolio</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: Items marked with "\*" are reportable, but reimbursed in February 2011.

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  SKINNER, NANCY

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE	
CA Foundation on Environment & Economy (CFEE)	
ADDRESS (Business Address Acceptable)	
Pier 35, Suite 202	
CITY AND STATE	
San Francisco, CA 94133	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Education Seminars	
DATE(S): 4 / 29 / 10 - 4 / 30 / 10 AMT: \$ 341.43*	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Conference & Lodging (REIMBURSED 2/20/11-no gift received)	

▶ NAME OF SOURCE	
CA Foundation on Environment & Economy (CFEE)	
ADDRESS (Business Address Acceptable)	
Pier 35, Suite 202	
CITY AND STATE	
San Francisco, CA 94133	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Education Seminars	
DATE(S): 12 / 9 / 10 - 12 / 10 / 10 AMT: \$ 631.81*	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Conference & Lodging (REIMBURSED 2/21/11-no gift received)	

▶ NAME OF SOURCE	
CA Foundation on Environment & Economy (CFEE)	
ADDRESS (Business Address Acceptable)	
Pier 35, Suite 202	
CITY AND STATE	
San Francisco, CA 94133	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Education Seminars	
DATE(S): 11 / 6 / 10 - 11 / 18 / 10 AMT: \$ 11,504.67*	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Conference & Lodging (REIMBURSED 2/18/11-no gift received)	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S):   /   /   -   /   /   AMT: \$	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: Items marked with "\*" were reimbursed.